

Cross-institutional Study



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

CREATE CHANGE

This form must be completed by an authorised officer of your home institution and must include the institution stamp or seal. Upload with your online application at the time of submission.

Student name:	UQ student number (if known):
Home institution name:	Home institution student number:
Courses you intend to undertake at The University of Queensland:	
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Home institution endorsement

Title of current program at home institution:

Will credit be granted for the above courses towards this program? Yes ☐ No ☐

Is the student Commonwealth supported at your institution? Yes ☐ No ☐

If Yes, please complete questions 1-5 below



- | | | |
|--|--|--|
| 1. When did the student commence their program (course of study)? | 2020 or earlier <input type="checkbox"/> | 2021 or later <input type="checkbox"/> |
| 2. Is this student eligible for grandfathering arrangements under the Job-ready Graduates Package? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is this student enrolled in a Postgraduate Clinical Psychology program (course of study) at your institution? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is this student enrolled in a Professional Pathway Psychology program (course of study) at your institution? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Is this student enrolled in a Professional Pathway Social Work program (course of study) at your institution? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Additional comments, if any:

Authorising officer's details:

Name:	Position:
Email address:	Telephone number:
Signature:	Institution's official stamp/seal:
Date:	